



Edmeston Volunteer Fire Department
Edmeston, NY 13335

Application for Membership

Type of Membership: Associate (*Emergency Squad Only*) Full Department Membership

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Social Security #: _____

Drivers License #: _____ State: _____

Length of time you have resided in the Edmeston district: _____

Previous Fire Department Memberships:

_____ From _____ To _____

_____ From _____ To _____

Have you ever been convicted of any crime: _____ Yes _____ No
(if yes, please provide explanation in the remarks area on the reverse of this sheet)

Please provide two character references that we may contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

By signing this application I affirm that all information provided is correct as provided and authorize the Executive Committee to verify all information provided through appropriate agencies.

Signature: _____ Date: _____



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Remarks:

Executive Committee Action

*The undersigned member(s) of the EFD Executive Committee hereby _____
approve for membership within the Edmeston Volunteer Fire Department:*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Fire Commissioners

*The commissioners of the Edmeston Fire District hereby approve _____
for membership within the Edmeston Volunteer Fire Department:*

_____	_____
_____	_____
_____	_____

Date: _____